



Washington State  
Department of Social  
& Health Services

## ከትምህርት ቤት የተሰጠ መግለጫ

### STATEMENT FROM SCHOOL

CSO/WORKER NAME / CSO የሰራተኛ ስም	TELEPHONE NUMBER / የስልክ ቁጥር
CLIENT IDENTIFICATION NUMBER / የደምበኛ መታወቂያ ቁጥር	DATE / ቀን

#### SECTION 1: FILL OUT THIS SECTION BEFORE TAKING IT TO THE SCHOOL.

**ክፍል 1፤ ይህን ቅጽ ወደ ትምህርት ቤት ከመውሰድዎ በፊት፤ ይህንን ክፍል ይሙሉ።**

By signing here, I give my permission to the school to complete this form for the Department of Social and Health Services (DSHS).

እዚህ በመፈረሜ፤ ለማህበራዊና ጤና አገልግሎቶች ክፍል (ለረሀረ)፤ ይህንን ቅጽ እንዲሞላ ስትምህርት ቤቱ ፈቃድ እሰጣለሁ።

YOUR NAME / ስም	YOUR SIGNATURE / ፊርማ	DATE / ቀን
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NAME OF SCHOOL / የትምህርት ቤቱ ስም
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SCHOOL ADDRESS / የትምህርት አድራሻ	STREET ADDRESS / ጎዳና	CITY / ከተማ	STATE / ስቴት	ZIP CODE / ፕሮፖር ኮድ
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#### SECTION 2: THE PERSON IN THE SCHOOL'S OFFICE WHO IS IN CHARGE OF ATTENDANCE FILLS OUT THIS SECTION.

**ክፍል 2፤ በትምህርት ቤቱ ቢሮ ውስጥ ያሉ ተማሪዎች፤ በትምህርት ቤታቸው ገበታ ላይ አንደተገኝ የሚቆጣጠር ሰው፤ ይህንን ክፍል ይሙሉ።**

##### A. COMPLETE THE FOLLOWING FOR EACH CHILD FROM THIS FAMILY ATTENDING YOUR SCHOOL.

CHILD'S NAME	BIRTHDATE	IS THE CHILD ATTENDING SCHOOL:	IS THE CHILD IN SPECIAL EDUCATION CLASSES?	IS THE CHILD MAKING SATISFACTORY PROGRESS IN SCHOOL?	IF THE CHILD IS 16 OR OLDER, WHEN IS S/HE EXPECTED TO GRADUATE?
		<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

##### B. WHAT IS THE HOME ADDRESS THAT YOU HAVE ON FILE FOR THE CHILDREN?

##### C. COMPLETE THE FOLLOWING FOR THE PEOPLE YOU ARE SUPPOSED TO CONTACT IN CASE OF EMERGENCY.

NAME	RELATIONSHIP TO CHILD	ADDRESS (INCLUDE CITY AND ZIP CODE)	TELEPHONE NUMBER

##### D. PLEASE PROVIDE THE FOLLOWING INFORMATION IN CASE WE NEED TO CONTACT YOU.

SIGNATURE	YOUR NAME (PLEASE PRINT CLEARLY)	TODAY'S DATE
TITLE	TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER